mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

Exact statement of OCCUPA.

N. B.-WRITE PLAI

# STATE OF MARYLAND—CERTIFICATE OF DEATH

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1. PLACE OF DEATH	91:0
County Cicil	Registration Dist. No. 92
Village or City Elklin	NoSt.,Ward  f death occurred in a hospital or institution, give its NAME instead of street and number)
9 0	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charles, Armetro	~0
(a) Residence: No. 147 (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Oay) (Year)
HUSBANO of (or) WIFE of Chrie Armsleway  6. DATE OF BIRTH (month, day, and year) July 4 -   979  7. AGE Years Months Days If LESS than I day,hrs.	22. I HEREBY CERTIFY. That I attended deceased from  """  """  """  """  """  """  """
Ormin.	were as follows:  Occube Condiac dilitation  Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year) (State or country)	Other Coutributory Causes of importance:
13. NAME Arank Amalina,  14. BIRTHPLACE (city or town) No impormation	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME  16. BIRTHPLACE (city of town) IS information  (State or country)  17. INFORMANT And Control Control  (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place North East Carrelage, June 15, 1936  19. UNDERTAKER Addresse & Rhumally	Manner of injury
20. FILED June 14, 17 9 Bans Boy & Registrar.	(Signed) Alerbert Boles M. O.  (Adress) Elklon 2nd

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
12491,1000		1 godi
	1915 1921	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

Exact statement of OCCUPA-

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE	OF	MARVI	AND.	CERTIF	CATE	OF	DEATH
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V	1	ŗ.	9	J.	4	3

1. PLACE OF DEATH	9
County Cicil MITAIN CHAPTER	Registration Dist. No. 92
Village or City Elkton	Naturiou Hospital St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Cuzavech cum sac	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.  If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 0 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Ferrale White OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced	(Month) (Day) (Tear)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (month day and year) aug 31 1935	1914 to flere 19 , 19 ft
v. DATE OF BEATT (month, day, and year)	I last saw h. L. alive on
7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
Nind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	111. Sent
9 Industry or business in which	The state of the s
work wes dona, es SILK MILL, - SAW MILL, BANK, etc	
year) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country) Many Land	Growned Cum
13. NAME Jusefle 1 Backof 14. BIRTHPLACE (city or town) Elkton RD.	
(State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Leona Sevier  16. BIRTHPLACE (city or town) Leeuwood  (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
(State or country)	Accident, suicide, or homicide?Date of injury19
Soull D 13 Wel	Where did injury occur? (Specify city or town, county and Slate)
17. INFORMANT (Address) FQ Kton 2nd	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Electron Cerulay Date June 16, 1936	Nature of injury
7+ WP: siil	24. Was disease or injury in any way related to occupation of deceased?
19. UNOERTAKER (Address) Elkton mad	If so, specify
20 FILED Mue 16 1936 France France	(Signed) the Mellust M. O.
Registrar.	(Address) - July
If more blanks are needed, address State Registrar	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example	e I	İ	Example II	
The principal cause of death and of importance were as follows:	l related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	FIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	194.99	1921	Run over by street car	1 week ago
Cerebral hemorrhage	8 1936	July 5, 1927	Peritonitis	3 days ago
3112	FALLY. S.			
Other contributory causes of im	portance		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		1		1

7. PHYSICIANS should state Exact statement of OCCUPA.

stated EXACTLY.

AGE should be

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

19. UNDERTAKER

20. FILED

(Address)

mation should be carefully supplied.

-WRITE PLAI

ğ

V. S. No. 1

STATE O  1. PLACE OF DEATH  County  Village or City Outside	· Rost Deposit	CERTIFICATE OF DEATH  Registration Dist. No. 9 5  No. 5t., death occurred in a hospital or institution, give its NAME instead of street and	Ward
2. FULL NAME (a) Residence: No Office (a) Residence: No Office (a) Residence: No Office (a) Residence: No Office (a) Residence (b) Residence (b) Residence (c) Residence (	Baldersto Sun (Usual place of abode)	How long in U.S. if of foreign birth?	
PERSONAL AND STATISTA 3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
M W	OR DIVORCED (write the word)	6-22	193 6
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chell  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  8. Trada, profession, or particular kind of work done, as SPINNER SAWYER, BDOKKEEPER, etc  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Data deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)	3 alderstag  Days   If LESS than   1 day, hrs. or min.  11. Total tima (years)   spent in this occupation   C.	(Month) (Day)  22. 1 HEREBY CERTIFY, That I attande	, 19
	2 1 1 7		
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	lora.	Name of operation Data of.  What test confirmed diagnosis? Was there a	Han
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION OR REMOVAL	eldesten	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicides Control Date of injury of Where did Injury occurred (Specify city or town, county and Specify whether injury occurred in INDISTRY, in HOME, or in FIBLIC in the Manner of injury of the Control of t	22 <sub>19</sub> 36

Nature of injury

preded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RECE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 14 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	-11	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

be properly classified.

rion is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

PHYSICIANS should state Exact statement of OCCUPA.

V. S. No. 1

# STATE OF MARYLAND—CERTIFICATE OF DEATH

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1. PLACE OF DEATH	
County Coart	Registration Dist. No. 92
Village or City Eelbtan (1)	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Baby Sir ( 1) ra	mble_If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	1 HEBEBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 19. 19. 19. 36	Vast saw h. La alive on 4 19, 1956; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onest
SAWYER, BOOKKEEPER, etc.	on houterie as foly xix
work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  year)  11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) & Chatay	Other Contributory Causes of importance:
(State or country)  13. NAME Fred Com Brandle.  14. BIRTHPLACE (city or town) Josh Lynny.	
14. BIRTHPLACE (city or town) Good Tynny	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  Cletetory	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Brankle (Address) Elector MA	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Clotton Count ( Date June 20, 1936	Manner of injury
19. UNDERTAKER N. Lu Pyspin Sons Ane	24. Was disease or injury in any way related to occupation of deceased?
20. FILED June vo, 1936 Brausi Frage	(Signed) Micford X, Speecher M.D.
Registrar.	(Address) / 20 Mosny Mag

If more blanks are needed, address Stale Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5 1927	Peritonitis	3 days ago
RUREAU V.	P. 1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

(Address) 18. BURIAL, CREMATION

(Address)

19. UNDERTAKER

20. FILED.

mation should be carefully supplied.

-WRITE PLAN

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Exact statement of OCCUPA-

	Village or City Clause of abode)  PLACE OF DEATH  County (If Length of residence In city of town whara death occurred yrs. mos	St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in 0. S. if of foreign birth yrs. mos. ds.  If 0. S. Veteran specify WAR.  If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  If married, widowed, or divorced HUSBAND of (or) WIFE of	21. DATE OF DEATH  (Month)  (Day)  (Year)  22.   I HEREBY CERTIFY, That   attended deceased from
	(vi) mit vi	6 - 8 6 ,1936, to 6 - 2 6 ,1986
6. DATE OF BIRTH (month, day, and year) Jan. 16 1927  7. AGE Years Month Days   It LESS than 1 day, hrs.		to have occurred on the data stated above, at 1936. The TRINCIPAL CAUSE OF DEATH and related causes of importance
ATION	8. Trade, profession, or particular kind of work doma, as SPINNER, SAWYER, BOOKKEEPER, etc. Slovel-gul.	vere a follows:  Date of one et
OCCUPATION	work was dona, as SILK MILL, SAW MILL, BANK, etc	de gulia gistatini
12.	BIRTHPLACE (city or town) Llearyland	Other Contributory Causes of importance.
œ	13. NAME 1 m Rais de Once	
FATHER	14. BIRTHPLACE (city or town) Mary level  (State or country)	Name of operation. Date of
2	15. MAIDEN NAME Coldina Anna 10	What tast confirmed diagnosis?
MOTHER	16. BIRTHPLACE (city or town)  (Stata or country)	23. If death was dua to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Data of injury  Where did injury accura?
17.	INFORMANT addie Brendkleif	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Mannar of Injury

Nature of injury

24. Was disease or injury in

If so, specify (Signed)

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Example I	li	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDGAU V. S.	7		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND—CERTIFICATE OF DEATH

OCCUPA plnods Registration Dist. No. Jo If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?\_ PHYSICIANS Length of residence in city or town where death occur Every statement If U. S. Veteran, specify WAR RECORD. If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) PERMANENT (Oey) (Month) (Year) classified. 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE Years Months Days If LESS than to have occurred on the date steted above, at ... 1 day, ....hrs. or\_\_\_\_min. IS Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, be Jo SAWYER, BOOKKEEPER, etc. may back 9. Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc ..... 10. Date deceased last worked at 11. Total time (years) on this occupation (month end spent in this that occapation\_ instructions 12. BIRTHPLACE (city or town) (State or country) terms, HER 13. NAME See FAT Name of operation 14. BIRTHPLACE (city or town). plain (State or country) carefully What test confirmed diagnosis? MOTHER important. 15. MAIDEN NAME in DEATH 16. BIRTHPLACE (city or town) (State or country) should be (Specify city or town, county and State) or in PUBLIC PLACE very 17, INFORMAN OF 00 CAUSE mation MOL 24. Was disease or injury in the way related to occupation of deceases 19. UNDERTAKER (Address) If so, specify 20. FILED Registrar.

MARGIN RESERVED FOR BINDING

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes (i) importance:	*	Other contributory causes of importance:		
Gallstones	Mdy1,1923	Gastroenteritis	1 year	

V. S. No. 1

916
Registration Dist. No. 92
NoSt.,Ward
(If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long in U.S. If of foreign birth?mosds
LUZZU If U. S. Veteran, specify WAR
St., Ward. Will Frace Ist
If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH
Joine 1 193 6
(Month) (Day) (Year)
22.   HEREBY CERTIFY, That I attended deceased from
to have occurred on the date stated above, at 4
The PRINCIPAL CAUSE OF DEATH and related causes of importance
from history of Date of one
family and shopean
Kowasty of the land
Ca was sure manus sure
Other Contributory Causes of importance:
Name of operation Dete of
What test confirmed diagnosis? Was there an autopsyl
23. If deeth was due to external causes (VIOLENCE) fill In also the following:
Accident, suicide, or homicide? Date of injury19
Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
Manner of injury
Nature of Injury
24. Was disease or injury In agy way related to occupation of deceased?
If so, specify
(Signed) Clarky N. Jeffes
(Address) (Addre
n

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
	11				

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

N. B.—WRITE PLAI

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Coccio	Registration Dist. No.
Village or City Danipulle	No. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where daath occurredyrs,mes.	ds. How long in U.S. if of foraign birth?yrsds.
2. FULL NAME We cruest fleerful	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male Mute Maried	(Month) (Day) (Year)
5a. If marriad, widowed, prodivorced HUSBANO of Long Telescope Alexander	//-
(or) WIFE of alla 1 fleeful	1 HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) July 4- 186 5	Plast saw h. in alive on June 25 , 1936; death is said
7. AGE Years Months Oays If LESS than	to have occurred on the data states above, at 107 80 m.
70 W 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
Trade profession or particular	Oate of onset
kind of work dona, as SPINNER, Meurole	General attermata 1
9. Thdustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	1930
10. Data decaased last worked at 11. Total tima (years)	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) Lewesylvacca	Other Contributory Causes of importance:
(State or country)	Hypertension
13. NAME It to fue find	
14. BIRTHPLACE (city or town) - Flands love love -	Name of operation Date of
(State of country)	What test confirmed diagnosis? Wes there an aulopsy?
15. MAIDEN NAME May 1 Meethods  16. BIRTHPLACE (city or town) Meethods  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) - Hercites frames	Accidant, suicide, or homicide? Date of Injury, 19
(State of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Seloviles of State Oate June 29, 193	Nature of injury
19 UNDERTAKER TOSEPH P	24. Was disease or injury in any way related to occupation of deceased? 243
(Address) Wirell Car ha	If so, specity
20, FILEO. 6/29, 1936 Jost Lenden	(Signed) L. T. Magraet M. D.
Registrar.	(Adgress) Jempelle Wed,
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting J. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example I	5	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis  1936	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,192	3 Gastroenteritis	1 year
Established State of the State			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

MARGIN

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9.—The industry or business in which the work was done.

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Example I		azi ji	Example II	
of importance were a			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MEGEVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUL 0 1930	July 5,1927	Peritonitis	3 days ago
	BUREAU Y. S.			
Other contributory ca	auses of importance:	(१५३०).	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

Exact statement of OCCUPA.

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

B.—WRITE PLAI

V. S. No. 1

TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	720		
County CECIL	Registration Dist, No. 96		
Village or City Perry Point, MARYLAND	No. St., Ward		
	If death occurred in a hospital or institution, give its NAME instead of street and number)  s. 11 ds. How long in U.S. if of foreign birth? Born isn Hungary ds.  Came to U.S. about 1900.  World War veteran  Ward.  If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX  4. COLOR OR RACE  Thite  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH  June 14 , 193 6 . (Month) (Oay) (Year)		
5a. If married, widowed, or divorced HUSBANO of			
(or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from Sept. 4, 1936		
6. DATE OF BIRTH (month, day, and year)	I last saw him alive on _ June 14, 19.36 _; death is said		
7. AGE 43 Years Months Days If LESS than 1 day, hrs. or min,	to have occurred on the date stated above, at10:00m4.  The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:		
8. Trade, profession, or particular kind of work done, as SPINNER, Sawyer, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and spent in this	Leukemia, myelogenous Unknown		
this occupation (month and year) Friends occupation in this occupation in this occupation in the occup	Other Contributory Causes of importance:  Psychosis with exhaust ion delinium		
13. NAME Joseph Hodul			
13. NAME Joseph Hodul 14. BIRTHPLACE (city or town) Austria (State or country)	Name of operation		
TI 15. MAIDEN NAME UNKNOWN	23. If death was due to external causes (VIOLENCE) fill in also the following:		
15. MAIDEN NAME Unknown  16. BIRTHPLACE (city or town). Austria (State or country)	Accident, suicide, or homicide?		
17. INFORMANT Hospital records (Address) Garry Four Med	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. Bunda Sendation of Removal Place Balt imore, Mid. Date June 16, 1936	Manner of injury		
19. UNDERTAKER  R. MIDISON MITCHELL  (Address)  Havre de Charges Md. Morrossu  20. FILEO June 16., 1986 Charges W. Morrossu  Regregistrar.	24. Was disease or injury in any way related to occupation of deceased? NO  If so, specify  (Signed)  M. O.  (Address)		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state: .

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were al follows:	Date of onset
Arteriosclerosis	1915	Attack of epitency	1 week ago
Chronic interstitial nephritis	1921	Run overby stren car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
~		0 3	
Other contributory causes of importance:		Other contributory onuses of importance:	
Gallstones -	May 1,1923	Gastroenteritis	1 year

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	ent (v)			•	
			* *		
 (* * *)	• 4				
2					

N. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6:05
1. PLACE OF DEATH	93-2
County Ceal .	Registration Dist. No. 90
Village or City estade Mouves	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds Mow long in U.S. if of foreign birth?
2. FULL NAME bottom / Jollingsu	If U. S. Veteran, specify WAR
(a) Residence: No. Warner R. D.	St., Ward.
(Usual place of about	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
3. SEX 4. COLOR OF RACE OR DIVORCED (write tha word)	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Lilian Mady	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Culture	
7. AGE Years Months Days If LESS than	to have occurred on tha date stated abova, at
about 40 1 day	The PRINCIPAL CAUSE OF DEATH and reletad causes of importance was a follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Kloappeaud from home
9. Industry or business in which	3-17/26, Angus
work was done, as SILK MILL, / SAW MILL, BANK, atc	of Warman 6/11/36
10. Date deceased lest worked at this occupation (month end year)	I Stricken while crossing fields the was as trapper.
allengh 1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	from heart condition; probably anyocauditis
13. NAME / Leny/ Jollingsworth	from black condition; probably an weardities.
14. BIRTHPLACE (city or towp) The surfice (State or country)	Name of operation Dete of
Cotate of country	What test confirmed diagnosis? Was there an autopsy
15. MAIDEN NAME TUNELLO COSTO	23. If death was due to extarnal causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Y LILLETTO CO V TOWN)  16. BIRTHPLACE (city or town)  (Stata or country)  LUKELOU  (Stata or country)	Accidant, suicide, or homicida?
State of County)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Convict ma	Spacify whethar injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION OR REMOVAL SALVE SALV	Mannar of injury
Whitee M. Mee Can Date James 1996	Neture of injury
19. UNDERTAKER TOTALES NOTTH THE ELIGINATION OF THE CANADISCH TOTALES	If so, specify
20. FILED MULL 18, 1936 SOPOWAL	(Signed) Stanley N. Jeffers (Address) & Attack M. Coroner
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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The principal cause of death and related causes Date of onset of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	HH 6 705	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	(02 0 200	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	BUREAU V.	JMy5,1927	Peritonitis	3 days ago	
Other contributory causes of	importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	


AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

7. PHYSICIANS should state Exact statement of OCCUPA-

B.—WRITE PLAIN

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STATE OF MARTIAND—CERTIFICATE OF DEA	OF MARYLAND-CERTIFICATE OF DEA	OF MARY	STATE
--------------------------------------	--------------------------------	---------	-------

4 1	i.e.	18	6	7
O	1	0	1	(

1. PLACE OF DEATH	
County Cecil	Registration Dist. No. 92
Village or City Elfeton P.D.	No. Union Happital St., Ward
(If Length of residence In city or town where death occurred 6 2 yrs	death occurred in a hospital or institution have its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
1 +. 2 ch 11 1	
2. FULL NAME Cirks Mullough for	1 1 0. 5. Veterall, specify wall
(a) Residence: No. Colon (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (rurite the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Rebecco H Jones.	22. I HEREBY CERTIFY, That I attended deceased from
FI 8 1874	Grast saw harman alive on Rene 23 1936 death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 5 4 P. m.
62 4 /3   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Fractures skeel
SAWYER, BOOKKEEPER, etc.	Hemorloge of brain
a. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc.	
this occupation (month and spent In this occupation	
Poht PD	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Colors (State or country)	Kicked by horse 6/19/36
II 13. NAME Oliver Jones	
14. BIRTHPLACE (city or town) Clatton R. O. (State or country)	Name of operation Tracking of skell Date of 6/20/26
(State or country)	What test confirmed diagnosis? Was there an autopsy? Xo
IS MAIDEN NAME South Siddle	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Kicked by horse Date of injury 6/19 , 1936
(State or country)	Where did injury occur? at his home Elklan ind R. 7 D
17, INFORMANT Mrs Custin Jones	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Elkton R.D. Md.	Home
18. BURIAL, CREMATION, OR REMOVAL Place Claton Cont. Date Same 26, 19.36	Manner of injury Tracked by home
1// 0	C.
19. UNDERTAKER N. W / septem 9 Jons dree	24. Was disease or injury in any way related to occupation of deceased?
(Address) Eletter hid	If so, specify
20. FILED LINE 25, 19 3 4 & Frank Jacob	(Signed) M. D.  (Aduess) Elklow 2nd
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Examp	le I	UEVI	Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset
Arteriosclerosis	1 30- 4	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1	V1921	Run over by street car	1 week ago
Cerebral hemorrhage	AL BURE	July 5, 1927	Peritonitis	3 days ago
	1			
Other contributory causes of in	nportance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

1.	PLACE OF DEATI	AIL U	- MAKILAND		DEATH	16109
	County Cel	il			Registration Dist. No.	6
	1	ryill	el	No.	registration bist. No.	Ward
		1	2, 00	death occurred in a hospital or institution		and number)
	Length of residence in city	town where de	ath occurred yrs o mo	ds. How long In U.S. if of f	oreign birth?yrs	mosds.
2.	FULL NAME	file	Jarricia V	If U. S. Veteran, sp	ecify WAR	7
	(a) Residence: No	erry	(Usual place of abode)	St.,Ward.	If nonresident give city or tow	n and State
	PERSONAL AND	STATISTIC	CAL PARTICULARS	MEDICAL CE	RTIFICATE OF DEAT	
3. 61	ex 4. color	OR RACE	5. SINGLE, MARRIED, WIDOWED, OR BIVORCED (write the word)	21. DATE OF DEATH	June 12	193 (Year)
a. i	f married, widowed, or divorce HUSBAND of (or) WIFE of	ed .			A	
	(or) WIFE of			1 HEREBY	CERTIFY That I atte	ended deceased from
s D	ATE OF BIRTH (month, day, a	and year)	146 1933	I last saw h 12 alive on	Jenn/2 19	3 G death is said
7. A		Months	Days   If LESS than	to have occurred on the date stated	bove, at 9 300 m.	
	2	8	l day,hrs.	The PRINCIPAL CAUSE OF DEATH were as follows:	and related causes of importance	
2	8. Trade, profession, or part	icular	10.0	1/4 Y:		Date of onset
O	kind of work done, as SAWYER, BODKKEEPE		vouc	south time	·,	
CCUPA	9. Industry or business in w work was done, as SIL SAW MILL, BANK, etc	K MILL,		Mark Ferry		
3	10. Oate deceased last worke	d at	11. Total time (years)	Porky MX For	77V	16M 13
	year) (month	and	spent in this occupation			
12, 1	BIRTHPLACE (city or town)	Terry	erlle,	Other Contributory Causes of Importa	ance:	
-	(State or country)	6	place.			
	13. NAMEWILL	ara -	E. Jee			
FATH	14. BIRTHPLACE (city or town	leur	firell , f	Name of operation	Dat	e of
	(State or country)	- /	fra,	What test confirmed diagnosis?	Was the	e an autopsy?
	15. MAIOEN NAME	ungue	e plesey.	23. If death was due to external cause		
MOTH	16. BIRTHPLACE (city or town (State or country)	1)	y order f	Accident, suicide, or homicide?	Date of injury	
- 1	(State of County)	1/00	)	Where did injury occur? Specify whether injury occurred in I	(Specify city or town, county as	nd State)
17. I	NFORMANT (Address)	enfir	100 Und	Specify whether injury occurred in I	NOUSTRY, In HOME, or In PUBL	IC PLACE.
18. E	BURIAL, CREMATION, OR REM	777	1 ()	Manner of injury		
	Place I fina	Mescen	Date June 14, 1934	Nature of injury		
10 1	INDERTAKER PLACE	7. Pas	therrow,	24. Was disease or injury in any way		
15. 6	(Address)	refuse	B, Mid	If so, specify	1 201	1
20. F	ILED 6/13 , 19	36 TON	Lauders!	(Signed)	MITH	7. M. O.
			Registrar.	(Address)/_/_/	101/1-11/	1
		If more b	lanks are needed, address State Registrar	2411 N. Charles Street, Baltimore, Regu	esting U. S. No. 1.	

STATE OF MADVIAND\_CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 3 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Mellin - Committee of the Committee of t			

AGE should be stated EXACTLY\_PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

-WRITE PLAI

N. B.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH	6108
1. PLACE OF DEATH , //		
County Carel A 44 0	Registration Dist. No. 9	1
0 1 1 1 1	Registration Dist. No	W4
	death occurred in a hospital or institution, give its NAME instead of street and r	number)
Length of residence in city or town where death occurredmos.	ds. How long in U.S. If of foreign birth?yrsme	osds.
2. FULL NAME Emma L, Foug	+	4-5-25
(a) Residence: No. Near Expluitle	St., Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS  SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH	
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OK DIVORCED (with the yord)	June 2	. 19336
a. If married, widowed, or divorced	(Month) (Dey)	(Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended	deceased from
Same rong	aful 21, 19 56, to June 2	1936
DATE OF BIRTH (month, day, and year)	I last saw h alive on1930	; death is sald
AGE Years Months Days IT LESS than 1 day,hrs.	to have occurred on the dete stated above, &m.  The PRINCIPAL CAUSE OF DEATH end related causes of importance	
68 7 24 ormin.	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER	f la manufaction	4-25-0
SAWYER, BOOKKEEPER, etc.	ante cardial Ruilore	6-2.36
work was done, es SILK MILL. WW Armed		6.5.5
10. Date deceased last worked at this occupation (nonth-end / 926 spant in this update)		
year) occupation occupation	Other Contributory Canses of Importance:	
(State or country)	2 2	
13. NAME (Muknowy)	anavews.	4-20-36
	A	
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an a	
15. MAIDEN NAME Taura 8. Yardon	23. If deeth was due to external causes (VIOL ENCE) fill in also the following	
00 0. 10 1	Accident, suicide, or homicide? Date of Injury	70.00
16. BIRTHPLACE (city or town)	Where did injury occur?	,
7. INFORMANT Charles Forc	(Specify city or town, county and Stat Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PL	
(Address) Enlevelle M.		
8. BURIAL, CRAMATION, OR REMOVAL	Manner of Injury	
Place Miles Continue Date 6 3 1836	Nature of Injury	
9. UNDERTAKER John H. Coppage	24. Was disease or injury In any way related to occupation of deceased?	*
(Address) Creitter Jula.	If so, specify	/
10. FILED July 4 , 1936 Starter	(Signed) Marie William	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUPPAU V. S.	-31		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

See instructions on back of certificate.

TION is very important.

V. S. No. 1 m

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	17:20
County (900)	Registration Dist. No.
Village or City Creekton, Ma.	NoSt.,Ward
The state of the s	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds,
	2011
2. FULL NAME I STURGS W. Tour	X X
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR, OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male Colored married	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of	22, I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Jasephin Fouger	mil 18 1996 to mel 23 1936
6. DATE OF BIRTH (month, day, and year) July 18 # 1896	Wast saw h. u. alive on July 23 19.3 G death is said
7. AGE Years Montos Days If LESS, than	to have occurred on the dete stated above, at
39 11 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
R Trade profession or particular and	were as follows: Pasters of Oate of onset
kind of work done, as SPINNER Janus Fabous	Demarchagn Supp.
Industry or business in which work was done, es SILK MILL,	one
SAW MILL, BANK, etc	night
- the secapation (month and	
year) accupetion	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	
	acous aller
13. NAME Thomas Co. Forger 14. BIRTHPLACE (city or town) Cail Co. That	
14. BIRTHPLACE (city or town)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy? LC
E Consider Odd	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town	Accident, suicide, or homlcide?
1000:	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Dasan C Warres (Address) Cecilla ma.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. DURIAL CREMATION OR REMOVAL	Manner of injury
rellow accepting Date me 26, 1986	- Nature of injury
A tello es	24. Was disease or injury in any way related to occupation of deceased? 200
19. UNDERTAKER	If so, specify
111 25 31 HOLD	(Signed) C Goodwan M.D.
20. FILED THE PORT 19 36 Registration	(Address) Gecilton and

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Exa	imple I	1	Example II	
The principal cause of deatl of importance were as follow Arteriosclerosis	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1111 0 10	1921	Run over by street car	1 week ago
Cerebral hemorrhage	201 0 190	July 5, 1927	Peritonitis	3 days ago
	BUREAU V.	S.		
Other contributory causes of Gallstones	f importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
				2 godi

T, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

AGE should be

mation should be carefully supplied.

TION is very important.

20. FILED

36

See instructions on back of certificate.

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

N. B.-WRITE PLAIN

STATE OF MARYLAND—	CERTIFICATE OF DEATH
	CERTIFICATE OF DEATH
1. PLACE OF DEATH	948
County	Registration Dist. No.
Village or City Culturale Carbolle	No. St. Ward
()(	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmog	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME / Juno mack	If U. S. Veteran, specify WAR.
(a) Residence: No. Parleally	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the wind)	21. DATE OF DEATH 6 - 27 - 193 6 (Year)
a. If marriad, widowad or divorced HUSBANO of (or) WIFE of Heady Hock	22. I HEREBY CERTIFY, That I attended deceased from
DATE OF RIPTH (month day and var) Dec 16 1894	, 19, to, 19
or Direction (month, day, and year)	I last saw h alive on
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the data stated abova, atm. The PRINCIPAL PAUSE OF DEATH and related causas of importance
ormin.	were as follows.
8. Trada, profession, or particular kind of work dona, as SPINNER.	Surably .
SAWYER, BOOKKEEPER, etc.	( Daay Montais
Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc	
this occupation (month and 1/36) spent in this year)	
12. BIRTHPLACE (city or town) Dermany	Other Contributory Causes of importanca:
(State or country)	***************************************
13. NAME Hugo Juck	
14. BIRTHPLACE (city or lown) of smarrane	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsyl
15. MAIOEN NAME Louis Murkel	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Last-n-444-	Accident, suicida, or homicide? Date of injury19
(Stata or country)	Where did injury occur?
17. INFORMANT MASS Haddy Grack (Address) Earliville Mid R K)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OB REMOVAL	Manner of Injury
Cresitore Cometing Date 6/29 1936	Nature of injury
19. UNDERTAKER John & Cappage	24. Was disaasa or injury in any way ralated to occupation of-decaased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Signad)

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The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  Run over by street car  Peritonitis	1 week ago 1 week ago 3 days ago
Run over by street car	1 week ago
	-
7 Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year
2	

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BINDIN	
31	
FOR	
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MARGIN	

	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Ce cil	
Village or City Elkton	No. Weor Hopla st.
Length of residence in city or town where death occurredyrs/ ©	(If death occurred in a horpital or institution, give its NAME instead of street and number amos. 2 ds. How long in U. S. if of foreign birth?yrsmos
( 1 4 /· 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 ·	
2. FULL NAME Vear My aboth //	Vatthewar U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the wor	d) 193
5a. If married, widowed, or divorced	(Month) (Dey) (
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decease
E DATE OF DIDTH (month day and year) Landy 9 /93.	100 to me 2, 1
6. DATE OF BIRTIS (months, day, and year)	
7. AGE Years Month's Deys If LESS th	0
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	were esfollows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc	Don't born
9. Industry or business in which	Primary Canal of the barne ho-prever
SAW MILL, BANK, etc.	monia: Indasles.
O 1D. Date deceased last worked et this occupation (month and spent in this	Carter
year) occupation  12. BIRTHPLACE (city or town) Elytton Ply (19)	Dther Contributory Causes of importance:
(State or country) Masyland Pa,	
13. NAME Hary Bestick fr	
14. BIRTHPLACE (city or town) 2 Kton	Name of operation Date of
(State of country)	What test confirmed diagnosis? Wes there an eutops
16. BIRTHPLACE (city or town) Elekton	25. If death was due to external causes (VIOLENCE) in in also the following:
o 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury
(State or country) have any count	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT vola Matthews (Address) Elkton 2nd	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOYAL CONT.	Menner of injury
Place Liketon Ct. Date 19	Nature of injury
19. UNDERTAKER To with the second sec	24. Was disease or injury in eny way related to occupation of deceased?
(Address), Eletton 2nd	If so, specify
20. FILED / La 1936 Smull Frage Registre	(Signed) Vin Sold Translation
	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

mation should be carefully supplied.

TION is very important.

See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH '	THE STATE OF THE S
County Cesee	Registration Dist. No. 97
Village or City Cellelin	No. Unim the st. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
congili of fesidence in only of town where death occurred	
2. FULL NAME CONTRACTOR VILLE	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED,  OR DIVORCED ("write the word)	21. DATE OF DEATH
Jenn Heart Solveled 10 pm	(Month) (Dy) (Year)
5a. If married, widowed, or divorced HUSBAND of GOT WIFE OF Shows C. Mules	22 I HEREBY ERTIFY, That I attended decaased from
(or) WIFE of Shortes C. 11000	1 HEREBY ERTIFY, That I attended decased from
6. DATE OF BIRTH (month, day, and year) tel 24 1893	I tast waw has a live on 193 e; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 1 HB m.
43 3 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and Velated causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER,	Date clonset
SAWYER, BDOKKEEPER, etc. Poullevoil	prod y Merus
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  1D. Data deceased last worked at this occupation (month and	rpleteding- 6/9/36
1D. Data decaased last worked at 11. Total time (years)	
o this occupation (month and yaar) spent in this occupation	0 0
12. BIRTHPLACE (city or town)	other Convibutor Causes of interrence:
(State or country)	
13. NAME Homes & Sacon  14. BIRTHPLACE (city or town) Tunes Seorge	11 0
14. BIRTHPLACE (city or town) \ Mule Seoral,	Nama of operation & level Close Date of 6 9 36
(State of country)	What test confirmed diagnosis Was there an autosymbol
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
m & in a	Where did injury occur? (Specify city or town, county end State)
17. INFORMANT MS. Server Clark (Address) St. Cames School - Wildletown, Del	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Ceculton, Med. Date June 15, 1936	Nature of injury
19. UNDERTAKER Sarah Is. Curore.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Middletown Del.	If so, specify
20 FILED June 11 1936 Francis France	(Signed) to a Curlinell M. D.
Registyar.	(Address) White Sal

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
JUL 6 1930			
Other contributory causes of importance:	71	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. properly classified.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

of OCCUPA.

Exact statement

STATE	OF MAR	-CERTIFICATE OF DEATH 6113	
1. PLACE OF DEATH			(D)
County Cecul			Registration Dist. No.
Village or City Eleta	n, ma	. R. D /	, No. St., Ward  f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where	e deeth occurred	yrsmos	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME	uscarri	age me	ller
(a) Residence: No. Elk	tow R	of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARI	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH June 19 193 6
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			(Month) (Day) (Year)  22.   I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, end year)	June 19.	1936	I last saw h was alive on June 19, 1936; death is seid
7. AGE Years Months	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at HODAm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	***********		Misiarriage
10. Date deceased last worked at this occupation (month and year)	11 Total time (years)		( ) remaire of weren
12. BIRTHPLACE (city or town) RS/ (State or country)	Ellto	<b>n</b>	Other Contributory Causes of Importance:
13. NAME Junes	a. m	iller	
(State or country)	want	Del.	Name of operation Date of What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Com	Roger	3	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Mile for II			Accident, suicide, or homicide?Oate of injury, 19
17. INFORMANT(Address)			(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL			Manner of injury
PlaceDate19			Nature of Injury
9. UNDERTAKER 71			24. Was disease or injury in any way related to occupation of deceased?
20. FILED June 2 V 1936 & Fransi Franzi			(tigned) January M. D.

Registyar.

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Example 1	- 1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	7921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
S S S S S S S S S S S S S S S S S S S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# MARGIN RESERVED FOR BINDING

V. S. No. 1

AGE should be stated EXACTLY. PHYSICIANS should state Y, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. mation should be carefully supplied. TION is very important. -WRITE PLAN m ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City Elkton Maryland (If	ND. Assistration Dist. No. A Ward death occurred in a hospital or institution, give its NAME instead of street and number)
0. 0	ds. How long in U.S. if of foreign bigth?mosds.
2. FULL NAME Stillown Ind	oke
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (1971e the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) use 8 - 1936	I last saw h alive on John J. 1936; death is sald
7. AGE Yeers Mooths Days If LESS than 1 day,hrs.	to have occurred on the date steted above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	masarregs: may
work was done, as SILK MILL, SAW MILL, BANK, etc	10/193
year) occupation	Other Contributory Causes of Importance:
(State or country) Color Many Sand	
14. BIRTHPLACE (city of bwn) Maryland (State or country)	Name of operation Date of
15. MAIDEN NAME CORO LOS REES	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) - Lansylvania (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Loka Ceed Moske (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place,19	Neture of injury
19. UNDERTAKER (Address)	24. Was disease or injury in any wey related to occupation of deceased?  If so, specify
20. FILED Jule 12, 196 Jaces Joues Registrar.	(Signed) M. D. (Address) M. D. (Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1006	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	200 PT		
Other contributory causes of importance:		Other contributory causes of importance:	-
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		122-0	
County Ceal	ALLE GOLFOXATE	Registration Dist. No.	92
Village or City Elector	v	NoS	t.,Ward
Length of residence in city or town where o		death occurred in a hospital or institution, give its NAME instead of stree	
1.00.	7 - 3	0.0	
2. FULL NAME (William	y fames fa	If U. S. Veteran, specify WAR Cevel	7
(a) Residence: No. Clienter	(Usual place of abode)	St., Ward.	on and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEAT	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED.	21. DATE OF REATH	,
m, wh-	OR DIVORCED (write the word)	(Month) (Day)	, 193
5a. If married, widowed, or divorced	1 20 11	(Month) (Day)	(Year)
HUSBAND of Cor) WIFE of	Elizabett nauf	2. I HEREBY CERTIEY, That I att	ended deceased from
prawin	1 - 11	June 13 , 186, to Jule 2	\$ 6 , 19 B
6. DATE OF BIRTH (month, day, and year)	econter 15, 1840	last saw harmalive on 19	death is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.	
89 6	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
kind of work done, as SPINNER,		1 1 1 1	
SAWYER, BOOKKEEPER, etc.		on lahal the meting	med 3
work was done, as SILK MILL, ON	lehmon		
O. Date deceased last worked at	11. Total time (years)		
this occupation (month and yaar)	spent in this occupation		
12. BIRTHPLACE (city or town) Black	Christ.	Other Contributory Causes of importance:	
(State or country)	lower	concernated on a mail	6.18
THE 13. NAME	naula	herma -	And the same
13. NAME 14. BIRTHPLICE (city or town).	Flaid		e of
(State or country)	Elowore	60 10	re an autopsy?
E 15. MAIDEN NAME 20 (	2	23. If death was due to external causes (VIOLENCE) fill in also the fo	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	youn I	Accident, suicide, or homicide? Date of injury_	
O 16. BIRTHPLACE (city or town)	- has	Where did injury occur?	
Omne C	mail-	(Specify city or town, county e Spacify whether injury occurred In INDUSTRY, in HOME, or In PUBL	nd State)
17. INFORMANT (Address)	med	opening whether injury securing in the security, in the initial control of the security in the	IO I LAUL.
18. BURIAL, CREMATION, OR REMOVAL		Manner of Injury	
Place Clotton Cometany	Date Kone V4, 1926	Nature of Injury	
1 / 1 Pinto	i a Pous Son	24. Was disease or injury In any way related to occupation of decease	ed? hu
19. UNDERTAKER / / / / / / / / / / / / / / / / / / /	mel	If so, specify	
1) hungary 21 45	Bruen France	(Signed) Dulford X. Stree	her M.D
20 FILED JULY 4, 1976	Registrar.	(Address) & lpfm.	rel
If more	blanks are needed address State Registrar	2422 N. Chayler Street Baltimore Paguettung 71 S. No.	

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Example I		Example II	15
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 100G	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

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ENER FINER	INK
MARGIN RESERVED FOR BINDIN	UNFADING
4	WITH
4	Z,

stated EXACTLY.

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mation should be carefully supplied.

-WRITE PLAI

V. S. No. 1 N. B. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6116
1. PLACE OF DEATH	
County Levels County	Registration Dist No. 92
Village or City Colpton Massylaus	O . lesson Marketal
Village of only (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Stellborn Ste	Ele_ If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Yune 9 1936
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That attended deceased from
A	6 7 7 1936, to 6 - 9 , 1936
6. DATE OF BIRTH (month, day, and yeer) Luxe 9-1936	I lest saw have a dive so the said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were a follows:
8 Trade profession or particular	Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	9 mm also
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et this occupation (month and	gestalin.
SAW MILL, BANK, etc	
O 10. Date deceased last worked et this occupation (month and year) year)	
Y. Jahto	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
T man	
4. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Place (6ity or town) Pennsylvaria.	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) enautrace	Accident, suicide, or homicide?
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Makey Nambon Skekle	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place, 19	Nature of Injury
19. UNDERTAKER	24. Was disease or injury in any wey related to occupation of deceased?
(Address)	If so, specify
20. FILED Suce 12 13 6 Francistorica	(Signed) M. D.
Registrar.	(Address)/llesse Gow Ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ii ii	Example II	7 10
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstittal nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
01.6 100			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLA

V. S. No. 1 m TION is very important. See instructions on back of certificate.

state

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of infor-

STATE OF MARYLAND	CERTIFICATE OF DEATH	6116
1. PLACE OF DEATH	(820)	
	Registration Dist. No.	
Village or City A orth East	No. St., f death occurred in a hospital or institution, give its NAME instead of street and	Ward
, ,	sds. How long in U.S. if of foreign birth?yrsm	
2. FULL NAME Shellena Price		
(a) Residence: No. 2 month East M	d St., Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write, the word)	21. DATE OF DEATH	102 6
Semale White Married	(Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended	deceased from
John rice	19.36, to June 10	19 3-6
6. DATE OF BIRTH (month, day, and year) Jeb 7 /858	I last saw h. 25 alive on q, 19.31	; death is sald
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
78 4 3 1 day,nrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	<b>A</b>	
SAWYER, BOOKKEPER, etc	1 Contract Oct col Con	1
work was done, as SILK MILL, SAW MILL, BANK, etc	Courter software	14-4
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Mustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this		
year) occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) Near Gort Asposit	Other Canada Control of Importance.	
(State or country)		-
13. NAME Sheldon tuller		
13. NAME Sheldon K-uller  14. BIRTHPLACE (city or town) Washington	Name of operation	
(State of County)	What test confirmed diegnosis? Was there an	autopsy?
15. MAIDEN NAME Catherine Bennett  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	Where did injury occur?(Specify city or town, county and State	te)
17. INFORMANT	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	ACE.
(Address)  18. BURIAL, CREMATION, OR REMOVAL	Manage of influen	
Place St. Maryo Come ten North (2) Date June 12, 19 36	Manner of injury	
O el a	24. Was disease or injury in any way related to occupation of deceased?	~
19. UNDERTAKER VILLA VIL	24. Was disease or injury in any way related to occupation of deceased?	
6-18-31	(Signed) At a current	M. D.
20. FILED 6 16 36, 19 Let CO' William Registrar.	(Address) have Eucl	my

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1 1998	Other contributory causes of importance:	
111 dg 1,1525	duse better this	1 year
	1915 1921	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

A. A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH 6118
state UPA-	1. PLACE OF DEATH	
ould state	County Cecil	Registration Dist. No. 14
- / 1	Village or City north East	NoSt.,Ward
0 /		death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
LN.	el 4 Po	ds. How long in U.S. if of foreign birth? yrs. mos. ds.
YSICIANS	2. FULL NAME Jeorge J. Jeyrou	000
PHYSICIANS ct statement	(a) Residence: No. Your Careff Mad (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Y. PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (variet the word)	21. DATE OF DEATH 24 - 193 6
TL ed.	5a. If married, widowed, or divorced	(Month) (Day) (Year)
X A C T I classified.	HUSBAND of (or) WIFE of Anne Manley	22. I HEREBY CERTIFY, That I ettended deceased from
cls	6. DATE OF BIRTH (month, day, end year) Such 2 6 1850	I lest saw h alive on 1937; deeth is seid
rly cate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 130 Cm
stated E properly certificate	85 8 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
	_ Trade, profession, or particular d-C o at	Were as ronows:  Date of onset
be of	kind of work done, as SPINNER, Jusherman (Club)	Chimi Inleyblublief brile
nould may back	9. Industry or business in which work was done, as SILK MILL,	·
should t it may on back	SAW MILL, BANK, etc	*
(F) +0	this occupation (month and 1931 spant in this occupation	
	12. BIRTHPLACE (city or town) North Cash	Other Coutributory Causes of importance:
d. s, so ructi	(State or country)	
illy supplied plain terms, See instru	13. NAME Frank Runolds	
sup in te See i	13. NAME Frank Ruynolds  14. BIRTHPLACE (city or town)	Name of operation Dete of
ly lair S	(State of Country)	What test confirmed diagnosis? Was there an autopsy?
carefully H in pla ortant.	15. MAIDEN NAME Marka Markets  16. BIRTHPLACE (city or town)  (State or country)	23. If deeth was due to external causes (VIOLENCE) fill In also the following:
be careful EATH in primportant.	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
be SAT mp	(Stete or country)	Where did injury occur?(Specify city or town, county and State)
should be cal OF DEATH	17. INFORMANT Mrs Matter S Callin (Address) North East Ma	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place north Cury Md Date Jun 27 , 19 36	Nature of injury
mation s CAUSE TION is	19. UNDERTAKER SEPOL, P. From	24. Was disease or injury in any way related to occupation of deceased?
u O L	(Address)   harth East Mor	If so, specify
(7)	20. FILED 6- 17-36, 19 Les Mi, Quena	(Signed) M. D.
1 1 1	Registrar.	(Address)

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis   Fi E C   L	1915	Attack of epilepsy	1 week ago	
Completed homeometrics	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
CONTRACTOR AND A STREET				

GAUSE OF DEATH in plain terms, so that it may be properly classified, Exact statement

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

of OCCUPA-

N. B.—WRITE PLAIN

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Legel	Registration Dist. No. 16
Village or City our wrugo	NoSt., Ward
Length of residence to city or town where death occurred # Prs	death occurred in a hospital or institution, give its NAME instead of street and number)  de. How long in U.S. if of foreign birth?
2. FULL NAME Mary James 1	Schery U. S. Veteran, specify WAR ) well
(a) Residence: No. Cethowingo, Mil	St., / Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED ("write the word)	21. DATE OF DEATH
eman while willower	(Month) (Day) (Year)
5a. If married, widowed or two red thus BAND of (or) WIFE of the state	22.   HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) rule 20. 1846	I last saw har alive on along the data 19 36 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7.30 Q. M.
89 11 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER, Laure was by SAWYER, BOOKKEEPER, atc.	Date of one of
SAWYER, BOOKKEEPER, atc.	Complication of diseases
9. Industry or business in which work was done, as SILK MILL MAN / Lawl	
Kind of work dona, as SPINNER, Januar war k. SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL.  SAW MILL, BANK, etc  10. Data deceased last worked at this occupation month and 9 2 0 spent in this years)  yaary yaary	P. Cemely
yaar) yaar occupation 45	Other Contributory Causes of importance seven on eight years.
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance: seven on light years.
(State-gr-gountry)	
II 13. NAME Jackareol & pof	
14. BIRTHPLACE (city or town)	Nama of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?_كنية
IS. MAIDEN NAME & soil Chams.	23. If death was due to external causes (VIOLENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMATION A M. Segain	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMANON, OR REMOVAL A PAUL CO. Car	Manner of injury
Hart Leups Centy Date June 12, 19-36	Nature of injury
19. UNDERTAKEN SEL a Cattonson	24. Was disease or injury in any way related to occupation of deceased?
(Addrass) Serryville find.	If so, specify
20. FILED 6 - 7 , 1836 to f Handled Registrar.	(Signad) M.D. (Address) Con our ser of 2005.
If more blanks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example L	D	Example II	
The principal cause of death and related causes of importance were as follows: JUL 3 1936	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis BUREAU V.	. 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. properly classified.

AGE should be

certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

TION is very important. See instructions on back of

Exact statement of OCCUPA-

1. PLACE OF DEATH		97)
County Ceruif	WITHIN SERVICE CO.	Registration Dist. No. , 92
Village or City_Elfrte	n Muce	No. Ellettun Toon rulust, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where	death occurred LO_yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME alon	yo Scott	If U. S. Veteran, specify WAR
(a) Residence: No. ELLE	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jame 1, 1936
5a. If married, widowed, or divorced	1 marry	(Month) (Oay) (Year)
HUSBAND of Cornic 70	Scott	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	E-1817	I last saw h sine alive on Hard 31 1936 death is said
7. AGE Years Months	Oays If LESS than	to have occurred on the date stated above, A. 9. 30 Q.m.
77 5	7   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Nade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	ichanical Engin	Cerebral arterio sclerosis 1983
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	0	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town)	P	Other Contributory Causes of importance:
(State or country)	J. Leott	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	oul	Name of operation Oate of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Shoele	a Smith	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Stocke  16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?Oate of injury19
17. INFORMANT Drug Curry	is 71 Scott	Where did injury occur?  (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Celfiti	n mid	
18. BURIAL, CREMATION, OR REMOVAL  Place Head Goleristian	in Date Decent 4 1936	Manner of injury
19. UNDERTAKER P. J.	one Dul	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20. FILEO 6/1 , 19.36 / 36	aux Joyav	(Signed) A. Morrison M. O. (Address) Elpton Med
If more		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

# MARGIN RESERVED FOR BINDING

V. S. No. 1

PHYSICIANS should state Exact statement of OCCUPA. -WRITE PLAINEY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. properly classified. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. TION is very important. N. B.

1. PLACE OF DEATH	CLIVITICATE OF DEATH
A A MITHIN COMPONATE LIN	Desired to See a Control
Langth of secidence in city or town where death occurred	Registration Dist. No.  No. Lacks St., Ward  Geath occurred in a hospital or institution, give it NAME instead of street and number)  s
2. FULL NAME  (a) Residence: No.	bin If U. S. Veteran, specify WAR
(Usual place of abode)	If nonresident give city or town and State
3. SEX 4. COLOR OF RACE OR DIFFERENCE OF DIF	21. DATE OF DEATH UNL 30 193 6
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	(Month) (Day) (Year)  22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day,hrs.	I lest saw h ; death is said to have occurred on the date stated above, at m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this	were as follows:  Musicornage  3 mon. Gestation
12. BIRTHPLACE (city or town) Wyson Stapelal (State or country) Bekken maryland	Other Coutributory Causes of importance:
13. NAME James Cobert Turpin  14. BIRTHPLACE (city or town), Cleaning (State or country)	Name of operation Date of What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Gladys Olcatt Beowning 16. BIRTHPLACE (city or town) Legence (State or country)  17. INFORMANT Lagrang Juspen	23. If death wes due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
(Address) Colffon and Reff # 4   18, BURIAL, CREMATION, OR REMOVAL   Date	Manner of injury
19. UNDERTAKER 2002.  (Address)	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED Mul 30, 1976 & Saus 1 Ton.	(Signed) M. D. (Address) Zello Zal

STATE OF MADVI AND CEDTIFICATE OF DEATH

If more blanks are needed, address State Resistrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example T		Example II		
The principal cause of death and related of importance were as follows:	1	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 6	1936 1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

EXACTER

AGE should be stated

mation should be carefully supplied.

properly classified.

CAUSE OF DEATH in plain terms, so that it may be properly or TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1	6	2	1	6
U	1	4	1	,

1. PLACE OF DEATH	(120)
County Cecil	Registration Dist. No. 92
Village or City Eleton	No
	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Many Olive Ward	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of July I Ward	22. I HEREBY CERTIFY. That I ettended deceased from  James 47, 1926, to James 6, 19.36
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than 1 day,hrs  7. AGE To the first than 1 day,hrs	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, at 74	Entera Clas
kind of work done, as SPINNER, At SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)	Other Contributory Causes of importance:
13. NAME adam Calvert  14. BIRTHPLACE (city or town) Charlestown (State or country) may land	Name of operation Date of What test confirmed diegnosis? Was there en autopsy?
15. MAIDEN NAME Repartment of the Street of Country)  16. BIRTHPLACE (city or town) Landestrone (State or country)  17. INFORMANT Everette Ward (Address)	23. If death was due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Country Place hearlestown ind Bate June 10, 1935	nature of injury
19. UNDERTAKER A WATER STATES  (Address) Electory 2002  20. FILED SINCE 9 1934 & Francis France Company	24. Was disease or injury In any way related to occupation of deceased?  If so, specify  (Signed)  M. D.
Registrar.	(Address) (Addre

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Cercbral hemorrhage	July 3,1927	Peritonitis	3 days ago	
BURGALL				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	